

**CONTINUING CONSENT TO TREATMENT
MEDICAL AND HEALTH INSURANCE INFORMATION**

We, the undersigned parents or guardian of (Name of Student or Member) _____ a minor, do hereby consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to said minor under the general or special instructions of (Name of Physician) _____

(Phone number) _____, or any physician the school or organization may call, whether such diagnosis or treatment is rendered at the office of said physician or at a licensed hospital. It is understood that reasonable effort will be made to contact the doctor listed above before any other physician is called by the school or other organization.

It is further understood that this consent is given in advance of any specific diagnosis or treatment which might be required and is given to authorize **Knoxville Adventist School** or the physician to exercise their best judgment as to the requirements of such diagnosis or treatment.

This consent shall remain in continuous effect until revoked in writing and delivered to the physician named above or to the school or organization entrusted with the custody of said minor.

Medical Information

It is imperative that the staff at Knoxville Adventist School be aware of any potential life-threatening illnesses your child may have. Please complete the following:

Asthma No Yes (If yes, we must have an inhaler in the office for your child)

Diabetes No Yes _____

Allergies No Yes _____

Other No Yes _____

Factors which may interfere with student's learning: hearing _____ sight _____ speech _____ malnutrition _____ nervousness _____ easy fatigue _____ emotional problems or worries _____ language other than English used in the home _____

Any other health problems that KAS should know about _____

Last Physical Exam _____

Health Insurance Information

The above named student

() is

() is not

covered by Health Insurance

Present Health Insurance Company _____

Policy # _____

Father's Signature _____ Phone Number _____

OR

Mother's Signature _____ Phone Number _____

OR

Legal Guardian's Signature _____ Phone Number _____

Home Mailing Address: _____